



**For office use only:**

Licensing Year: \_\_\_\_\_

License No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

## APPLICATION FOR TAXI CAB COMPANY LICENSE

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_

Equipment & Storage Location, if different \_\_\_\_\_

Business Owner(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Manager, if different \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Vehicles to be operated as taxi cabs:

<u>YEAR</u>	<u>MAKE</u>	<u>TYPE</u>	<u>MODEL</u>	<u>SERIAL NO.</u>	<u>KS TAG NO.</u>	<u>CAB NO.</u>

### The following must be with this application:

1. Inspection form for each vehicle listed above.
2. A copy of the title for each vehicle listed above.
3. Proof of insurance showing coverage of each vehicle listed above.
4. Appropriate license fee (\$25.00 plus \$10.00 for each cab).
5. Schedule of rates charged by company.

Any vehicles put into service after approval of this application must be inspected, registered with this office and approval to operate given prior to use.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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\$25.00 & \$10.00 per cab inspection fee per year

Amount Paid \$\_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Received by \_\_\_\_\_

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**Zoning Certificate**  
(new applications only)

This is to certify that the above described property is zoned \_\_\_\_\_ and does/does not comply with the provisions of the zoning regulations of the City of Salina for the proposed use. Approved/Disapproved.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Department

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Approved/Disapproved

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk

\*\*\*\*\*

09/30/02

TAXI